

Nova Scotia Health Authority  
 SOUTH SHORE REGIONAL HOSPITAL  
 90 GLEN ALLAN DRIVE  
 BRIDGEWATER , NS  
 B4V 3S6

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0000187/25  
**ADDRESS:** PO BOX 1264  
**ADDRESS:** LIVERPOOL, NS, B0T 1K0  
**PHONE#:** (902)354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** REGION OF QUEEN'S MUNICIPALITY  
**COPIES TO :** FAX, 902-354-5038 REGION, OF QUE

**Specimen:** WT25:W0002930R    **Collected:** 06/05/25-0630    **Status:** COMP    **Req#:** 15272616  
**Received:** 06/05/25-1135

**Source:** DRILLED WELL

**Sp Desc:** TREATED

**Ordered:** WATER P/A

**Queries:** Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORT  
 Drinking Water Category? GOVERNMENT  
 Registration Number{If applicable} 2003-032313  
 Contact/Mailing Address PO BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL, NS  
 Contact/Mailing Postal Code B0T 1K0  
 Contact Telephone Number 902-354-7170  
 Source Address COWIE WELL  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 06/05/25  
 Time Refrigerated 0745  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<u>WATER PRESENT/ABSENCE</u>	Final	07/05/25-1407	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

These results relate only to the water sample submitted for testing.

Report authorization is available on request.

For interpretation contact Nova Scotia Environment  
 at 1-877-936-8476 or visit  
[www.gov.ns.ca/nse/water/thedroponwater.asp](http://www.gov.ns.ca/nse/water/thedroponwater.asp).

YR - YARMOUTH REGIONAL HOSPITAL

\*\*\*\*\* Test Performed at Yarmouth Regional Hospital LAB \*\*\*\*\*  
 Lab Fax (902)749-1576